



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

MARK R DALTON MD PA
PO BOX 268969
OKLAHOMA CITY OK 73126

Respondent Name

TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-12-3119-01

MFDR Date Received

JUNE 15, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: The requestor did not submit a position summary with the request for medical fee dispute resolution.

Amount in Dispute: \$200.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor conducted an E/M visit on the disputed date then billed Texas Mutual CPT code 99214. Texas Mutual declined to issue payment as the E/M documentation does not meet the requirements of code 99214. According to the AMA CPT, code 99214 requires two of three components- a detailed problem-focused history, a detailed exam, and moderate complexity medical decision making. Review of the requestor's E/M documentation shows moderate level decision making, an expanded problem-focused exam, and an expanded problem-focused history. This does not meet the requirements. No payment is due."

Response Submitted by: Texas Mutual Insurance Co., 6210 E. Hwy 290, Austin, TX 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 5, 2012	CPT Code 99214	\$200.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
- 28 Texas Administrative Code §134.304 sets out the guidelines for Workers' Compensation specific services.
- 28 Texas Administrative Code §134.302 sets out reimbursement for reimbursement of professional services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 150 – Payer deems the information submitted does not support this level of service.
 - 16 – Claim/service lacks information which is needed for adjudication. At least one remark code must be

provided (may be comprised of either the remittance advice remark code or NCPDP reject reason code.)

- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
- 724 – No additional payment after a reconsideration of services.
- 890 – Denied per AMA CPT Code description for level of service and/or nature of presenting problems.

Issues

1. Did the insurance carrier reimburse according to the fee guideline?
2. Is the requestor entitled to reimbursement?

Findings

1. The requestor billed a office visit of moderate complexity. In accordance with 28 Texas Administrative Code §134.203(b) for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules. CPT code 99214 is defined as an office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; a detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family. Review of the documentation the requestor has not met the requirements of this level of office visit.
2. Because the requestor has failed to sufficiently document the services, reimbursement is due in the amount of \$0.00.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 12, 2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).